

Child Battering in Pakistan

ZAINAB PARVEEN¹, SYED ZIA UD DIN², PERVAIZ ZARIF³, A. HAMID⁴, M. HANIF⁵, NAJEEB⁶

¹Associate Professor of Forensic Medicine, FJMC, Lahore, ²Assistant Professor of Forensic Medicine SIMS, Lahore, ³Senior Demonstrator of Forensic Medicine SIMS, Lahore, ⁴Department of Forensic Medicine, FMDC Abbottabad, ⁵Department of Forensic Medicine, FUMC Rawalpindi, ⁶Prof. & HOD, Physiology, FMDC, Abbottabad.

Corresponding author: Dr. Zainab Parveen, Associate Professor of Forensic Medicine, FJMC, Lahore.

ABSTRACT

Background: The battered baby is a global problem. It exists in developed & underdeveloped nations irrespective race, religion, occupation, socio economic status and residential area. The causes of battered baby are younger age of the parents, more than one wife, step father / mother, baby from previous husband / wife, poverty, physical / mental sickness, illiteracy and addiction of parents. This study was planned to see the trend of baby battering in Lahore, Abbottabad and Rawalpindi.

Study design: Observational retrospective.

Place of Study: Shahina Jamil Hospital, Abbottabad, FJMC, Ganga Ram Hospital Lahore and Fouji Foundation Hospital, Rawalpindi. Medico legal clinic, Services Hospital Lahore,

Duration of study: 1st January 2012 to 31 August 2013

Material and Methods: The cases of battered baby were selected from Shahina Jamil Hospital Abbottabad Sir Ganga Ram Hospital Lahore, emergency of Services Hospital Lahore and Fouji Foundation Hospital, Rawalpindi on predesigned proforma.

Results: The study showed that incidence of child battering was 38 % where parents were at the age of 15 – 20 Years and 13 % at the parental age of 51 – 60 Years. The incidence was 83 % in case of step parents and 17 % in case real parents. It was also found that the incidence of Battered Baby was 69 % in case of step baby as compared to real baby (31 %). The incidence of Battered Baby was 73 % in addict parents as compared to non addict parents (27 %). In case of mentally / physically sick parents the incidence was 63 % as compared to 37 % in case of healthy parents. In case of physically / mentally sick baby the incidence was 69 % as compared to 31 % in case of healthy babies. In lower socio economic class the incidence of Battered Baby was 57 % as compared to 32 % and 11 % in case of middle class and high gentry respectively. In laborer the incidence of Battered Baby was high (29 %) but low in babies of business men (03 %). The incidence of Battered Baby in urban area was 33 % as compared to 67 % in rural area.

Conclusions & Recommendations: The incidence of cases is quite significant in our society. The trend of battered baby can be decreased by observing preventive measures such as, encouraging joint family system, treatment of physical / mental illness of parents, social / economical support, by increasing literacy rate, by conducting religious / civil rights seminars and by decreasing poverty rate.

Key words: Battered baby, Joint family system, treatment of physical / mental illness, social / economical support, literacy rate, religious / civil rights seminars and poverty rate.

INTRODUCTION

It is a clinical condition seen in children under 3 years, who suffered non accidental trauma at repetitive occasions (due to immature understanding or non escape from scene & non defense).^[1]

The causation of this condition has been assessed on the basis of statistical data. Following factors has been considered to be operative.

1. INADEQUACY OF PARENTS

- Age: Younger
- Intellect: Poor

- Economic condition: Poor
 - Disease: Mental / Physical or both
- #### 2. MARITAL STATUS & ADJUSTMENT:
- Illegitimate children
 - More than one wife
 - Number of children is more
- #### 3. PERSONALITY MAKE UP
- Reactive
 - Addict
- #### 4. CHILD:
- Congenitally abnormal
 - First Born child

- Illegitimate child
- In some cases male & in some societies female sex is victim
- Child from previous husband / wife. [2]

On examination following injuries are frequently seen.

- BRUISES & ABRASIONS: Multiple & of different duration in different parts of the body.
- LACERATIONS: These are of scalp, lips (frenulum laceration), liver & spleen
- FRACTURE: Limbs, skull & ribs. These are multiple & at different stages of healing. Limbs may show spiral / oblique fractures, separation of epiphysis and lifting of periosteum (sub Periosteal hemorrhages) .
- BURNS: Dry (cigarette burns) or scalds
- Certain regions show specific pattern of trauma, brain: Intracranial hemorrhages, usually subdural (coup & contre coup injuries) eye: Vitreous / retinal hemorrhages & displacement of lens [3]

The management involves immediate and long term measures.

IMMEDIATE: Treatment / Protection (hospitalization)

LONG TERM:

- Social services of welfare societies
- Psychological support to parents
- Joint family system [4]

From legal point of view as such the problem of true battered baby does not fall under civil or criminal law. A child cannot be compensated. Parents do not have bad intention. The answer to problem is to treat the cause e.g. psychiatric treatment of parents or provision of social services.[5]

This study was planned to see the trend of baby battering in Lahore, Abbottabad and Rawalpindi.

MATERIAL AND METHODS

The 100 cases of battered baby were selected from emergency of Services Hospital, Lahore, Ganga Ram Hospital, Lahore. Shahina Jamil Hospital, Abbottabad, and Fouji Foundation Hospital, Rawalpindi on pre-designed proforma.

RESULTS

The study showed that incidence of child battering was 38 % where parents were at the age of 15 – 20 Years and 13 % at the parental age of 51 – 60 Years as shown in Table No.1. The incidence was

83 % in case of step parents and 17 % in case real parents as shown in Table No.2 it was also found that the incidence of Battered Baby was 69 % in case of step baby as compared to real baby (31 %) as shown in Table No.3. The incidence of Battered Baby was 73 % in addict parents as compared to non addict parents (27 %) as shown in Table No.4. In case of mentally / physically sick parents the incidence was 63 % as compared to 37 % in case of healthy parents as shown in Table No.5. In case of physically / mentally sick baby the incidence was 69 % as compared to 31 % in case of healthy babies as shown in Table No.6. In lower socio economic class the incidence of Battered Baby was 57 % as compared to 32 % and 11 % in case of middle class and high gentry respectively as shown in Table No.7

In laborer the incidence of Battered Baby was high 29 % but low in babies of business men 03 % as shown in Table No.8. The incidence of Battered Baby in urban area was 33 % as compared to 67 % in rural area as shown in Table No. 9.

Table 1: Battered Baby with relation to age of parents

| S. No | Age | Cases | Percentage |
|-------|--------------|------------|---------------|
| 01 | 15 – 20 | 38 | 38.00 |
| 02 | 21 – 30 | 27 | 27.00 |
| 03 | 31 – 40 | 16 | 16.00 |
| 04 | 41 – 50 | 16 | 16.00 |
| 05 | 51 – 60 | 13 | 13.00 |
| | Total | 100 | 100.00 |

Table 2: Battered Baby with relation to step Father/Mother

| S. No | Parents | Cases | Percentage |
|-------|--------------|------------|---------------|
| 01 | Step parents | 83 | 83.00 |
| 02 | Real Parents | 17 | 17.00 |
| | Total | 100 | 100.00 |

Table 3: Battered Baby with relation to step Baby

| S. No | Baby | Cases | Percentage |
|-------|--------------|------------|---------------|
| 01 | Step Baby | 69 | 69.00 |
| 02 | Real Baby | 31 | 31.00 |
| | Total | 100 | 100.00 |

Table 4: Battered Baby with relation to addict parents

| S. No | Addiction | Cases | Percentage |
|-------|--------------------|------------|---------------|
| 01 | Addict Parents | 73 | 7.00 |
| 02 | Non addict Parents | 27 | 27.00 |
| | Total | 100 | 100.00 |

Table 5: Battered Baby with relation to Mental / Physical sickness of Parents

| S. No | Sickness | Cases | Percentage |
|-------|------------------------------------|------------|---------------|
| 01 | Mentally / Physically sick Parents | 63 | 63.00 |
| 02 | Healthy Parents | 37 | 37.00 |
| | Total | 100 | 100.00 |

Table 6: Battered Baby with relation to Physical / Mental sickness of the Baby

| S. No | Baby Health | Cases | Percentage |
|-------|--------------|------------|---------------|
| 01 | Sick Baby | 69 | 69.00 |
| 02 | Healthy Baby | 31 | 31.00 |
| | Total | 100 | 100.00 |

Table 7: Battered Baby with relation to Socio economic Status of parents

| S. No | Socio economic Status | Cases | Percentage |
|-------|-----------------------|------------|---------------|
| 01 | Lower Class | 57 | 57.00 |
| 02 | Middle Class | 32 | 32.00 |
| 03 | High gentry | 11 | 11.00 |
| | Total | 100 | 100.00 |

Table 8: Battered baby with relation to occupation of parents

| S. No | Occupation | Cases | Percentage |
|-------|----------------|------------|---------------|
| 01 | Students | 15 | 15.00 |
| 02 | Farmer | 20 | 20.00 |
| 03 | Laborer | 29 | 29.00 |
| 04 | Office worker | 18 | 18.00 |
| 05 | Factory worker | 15 | 15.00 |
| 06 | Business men | 03 | 03.00 |
| | Total | 100 | 100.00 |

Table 9: Battered Baby with relation to Residential Area

| S. No | Residential Area | Cases | Percentage |
|-------|------------------|------------|---------------|
| 01 | Urban | 33 | 33.00 |
| 02 | Rural | 77 | 77.00 |
| | Total | 100 | 100.00 |

DISCUSSION

Battered Baby like Battered wife is also global issue. [6,7] The trend of Battered Baby is going to be increased both in developed and under developed nations irrespective religion, race, nationality, literacy and residential area.[8,9] The trend can be decreased by following preventive measures, Joint family system, treatment of physical / mental illness of parents, social / economical support, by increasing literacy rate, by religious / civil rights seminars and decreasing poverty rate. [10,11]

In our study the most vulnerable age of the parents to cause battering of babies was 15 – 20 years (38 %) and less vulnerable age of the parents was 51 – 60 years. The incidence was much more in step parents (83 %) as compared to real parents (17 %). The step babies were also more victims of battered baby (69 %) as compared to their own babies (31 %). The victims of battered baby were much more in case of addict parents (73 %) as compared to non addict parents (27 %). It was also seen that victims of battered baby were much more in physically / mentally sick parents (63 %) as compared to healthy parents (37 %). Mentally / physically sick babies were more victims of battering (69 %) as compared to healthy babies (31 %). The victims of battered baby were 57 % in lower class of people, 32 % in middle class and 11 % in high gentry. It was also seen that victims of battered baby were much more in labor class (29 %) as compared to people of other classes and very low incidence in babies of business men (03 %). The trend of battered baby was higher in rural area (67 %) as compared to urban area (33 %).

As battered baby issue is clinic-medical problem and not of mala-fide intensions therefore a battered baby not require a compensation but parents should be helped by providing social, economical and medical services. [12,13] The trend can be decreased by observing above preventive measures but cannot be finished even with the advancement of technology because the problems of mankind are also increasing.[14,15] There is no

time for solution of problems of families and babies. Therefore this problem is global and going to be increased day by day. ^[16,17]

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